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OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER:	042600002		CITY OR TO	JWN FUADUI	KUUUH
APPLICATION FOR	RENEWAL:	Annual	L	ICENSED FOR	2013
		CLASS			YEAR
LICENSEE NAME: DOING BUSINESS A					
ADDRESS 350 PATR	IOT PLACE				
CITY/TOWN: FOXE	OROUGH	STATE: N	IA ZIP COI	DE: 02035	
MANAGER: FORD	DAVID	TYPE OF LICENSE	:Package Store	CATEGORY	: All Alcohol
EMAIL ADDRESS:					
PI	EASE ALSO VISIT	OUR WEBSITE AND ENTER YO	UR EMAIL ADDRESS		
DESCRIPTION OF L	CENSED PI	REMISES:			
		L ST AND THE REAR OR-BACK ROOM AN			G LOT
3. the premise SIGNED BY	s are now op	d with all laws of the C en for business (If not e artner or Authorized C	explain below)	ating to taxes; and	d
DATE:	TELE	PHONE NUMBER:		LOYER IDENTIFIC. OT Individual Socia	
Please Check Below: APPROVED: DISAPPROVED:]		LOCAL LI By:	CENSING AUT	HORITY
(If disapproved explain	n)				
DATE:					



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUM	IBER: 042600004		CITY OR TOWN	FOXBOROUGH
APPLICATION	FOR RENEWAL:	Annual	LICEN	SED FOR 2013
		CLASS		YEAR
LICENSEE NAI	ME: VFW OF THE UNI	TED STATES, IN	C. FOX. POST #2620	5
DOING BUSIN	ESS A			
ADDRESS 337	COCASSET STREET			
CITY/TOWN:	FOXBOROUGH	STATE: MA	ZIP CODE:	02035
MANAGER: I	DICKERMAN, TYP GREGORY	E OF LICENSE: V	eterans club C.	ATEGORY: All Alcohol
EMAIL ADDRE	ESS:			
	PLEASE ALSO VISIT OUR WE	BSITE AND ENTER YOUR	EMAIL ADDRESS	
	OF LICENSED PREMIS			
STORAGE ANI ONE ROOM FO	EMENT BLOCK BLDG; D TWO RESTROOMS. O DR A KITCHEN, ONE TV TING OF 723 AQ. FT.	CELLAR, ONE MA	AIN ROOM, ONE RO	OOM FOR STORAGE,
I hereby certify a	and swear under penalties	of perjury that:		
	enewed license will be of t	• •	•	
	censee has complied with		•	o taxes; and
3. the p	remises are now open for l	business (If not exp	olain below)	
SIGNED BY	Individual, Partner	or Authorized Corp	porate Officer	
DATE:	TELEPHONI	E NUMBER:		R IDENTIFICATION NUMBER:
Acts of 2004, si	igned, attest that we are igned by the building ins and (2) the certificate of	pector and the hea	ad of the fire depart	
Please Check Below	<u>r:</u>		LOCAL LICENS	SING AUTHORITY
APPROVED:			By:	
Of disapproved				
(If disapproved of	expiain)			
DATE:				



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LICENSE NUMBER: 04260000)6	CITY OR TOWN FO	XBOROUGH
APPLICATION FOR RENEWA	AL: Annual	LICENSED	FOR 2013
	CLASS		YEAR
LICENSEE NAME: COURTY DOING BUSINESS A COURT ADDRESS 35 FOXBOROUGH	YARD BY MARRIOTT	RPORATION	
CITY/TOWN: FOXBOROUG		ZIP CODE: 02	035
MANAGER: VOTTA, KARE			GORY: All Alcohol
EMAIL ADDRESS:			
PLEASE ALSO	VISIT OUR WEBSITE AND ENTER YOUR I	EMAIL ADDRESS	
TWO STORY 149 ROOM HOTA A COURTYARD AREA WITH HOTEL WHERE SERVICE BA	TEL WITH RESTAURANT,I I A POOL. LIQUOR TO BE	STORED ON THE FIRST	
I hereby certify and swear under	penalties of perjury that:		
2. the licensee has comp	will be of the same type for the plied with all laws of the Come open for business (If not exp	monwealth relating to tax	
SIGNED BY Individua	al, Partner or Authorized Corp	orate Officer	
DATE: TE	LEPHONE NUMBER:		NTIFICATION NUMBER:
We the undersigned, attest the Acts of 2004, signed by the bunamed license and (2) the cert of 2010.	ilding inspector and the hea	d of the fire department	for the above
Please Check Below: APPROVED: DISAPPROVED: (If disapproved explain)		LOCAL LICENSING By:	AUTHORITY
DATE:			



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OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER: 04260000	17	CITY OR TOWN FOXBO	ROUGH
APPLICATION FOR RENEWA	AL: Annual	LICENSED FOR	2013
	CLASS		YEAR
LICENSEE NAME: SMILEY	STORES, LLC		
DOING BUSINESS A HOPS &	c GRAPES		
ADDRESS 16 A COMMERCIA	AL STREET		
CITY/TOWN: FOXBOROUG	H STATE: MA	ZIP CODE: 02035	
MANAGER: RAVAL, ASHIS	H N.TYPE OF LICENSE: Pac	ckage Store CATEGORY	Y: Wine and Malt Regular
EMAIL ADDRESS:			
PLEASE ALSO V	VISIT OUR WEBSITE AND ENTER YOUR E	MAIL ADDRESS	
DESCRIPTION OF LICENSED	PREMISES:		
1600 S.F. SETTING AREA, IN DELIVERY AT THE REAR EN			ТН
2. the licensee has comp	will be of the same type for the blied with all laws of the Component for business (If not expl	nonwealth relating to taxes; an	d
SIGNED BY Individua	l, Partner or Authorized Corpo	orate Officer	
DATE: TE	LEPHONE NUMBER:	EMPLOYER IDENTIFIC (Note: NOT Individual Socia	
Please Check Below: APPROVED: DISAPPROVED: (If disapproved explain)		LOCAL LICENSING AUT By:	THORITY
DATE:			



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LICENSE NUMBER: 042600008		CITY OR TOWN	FOXBOROUGH
APPLICATION FOR RENEWAL:	Annual	LICENSE	ED FOR 2013
	CLASS		YEAR
LICENSEE NAME: M.B.C. INN & LO DOING BUSINESS A ANCIENT MAR			
ADDRESS 7 MECHANIC STREET			
CITY/TOWN: FOXBOROUGH	STATE: MA	ZIP CODE:	02035
MANAGER: CARLSON, JOYCE TYI	PE OF LICENSE: Innh	older CAT	TEGORY: All Alcohol
EMAIL ADDRESS:			
DESCRIPTION OF LICENSED PREMIS 80' X 80' BAR THAT SEATS 26, FOUR LEVEL, IS HANDICAPPED ACCESSIE LADIES RESTROOMS, 1ST FLOOR 21 ENTRANCES/EXITS AT STREEL LEV RAMP, ONE UNISEX RESTROOMS. T SEATING, 1ST LEVEL FRONT EXIT/1 LOUNGE I hereby certify and swear under penalties 1. the renewed license will be of 2. the licensee has complied with	(4) DRY BARS AND BLE WITH WHEELCO BY 31' BAR THAT FEL. IT IS HANDICAL HERE IS A 30'X18' ENTRANCE, BASEM S of perjury that:	TWO (2) ENTRAN HAIR RAMP, KITCI SEATS 11, ONE DR PPED ACCESSIBLE NCLOSED DECK F IENT LOUNGE AND tame premises now lice	HEN, MENS AND BAR AND 2 WITH WHEEL OR OUTDOOR D LEVEL ONE
3. the premises are now open for SIGNED BY Individual, Partner	or Authorized Corpor		
DATE: TELEPHON	E NUMBER:		DENTIFICATION NUMBER:
We the undersigned, attest that we are Acts of 2004, signed by the building ins named license and (2) the certificate of of 2010.	spector and the head	of the fire departme	ent for the above
Please Check Below: APPROVED: DISAPPROVED: (If disapproved explain)		LOCAL LICENSIN By:	NG AUTHORITY
DATE:			



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER	R: 042600009		CITY OR TO	OWN	FOXBORO	OUGH
APPLICATION FOI	R RENEWAL:	Annual	L	ICEN	ISED FOR 20)13
		CLASS				YEAR
LICENSEE NAME:	LAWRENCE	W. FOSTER #93, AME	RICAN LEGIC	N, IN	IC.	
DOING BUSINESS	A					
ADDRESS 8 MECH	IANIC STREET					
CITY/TOWN: FOX	KBOROUGH	STATE: MA	ZIP COI	DE:	02035	
MANAGER: GUY	, PETER L.	TYPE OF LICENSE: C	ub	C	ATEGORY:	All Alcohol
EMAIL ADDRESS:						
	PLEASE ALSO VISIT OF	UR WEBSITE AND ENTER YOUR	EMAIL ADDRESS			-
DESCRIPTION OF	LICENSED PRE	EMISES:				
THREE FLOORS, CON SECOND FLOO		IS THE CELLAR, TW IN BASEMENT	O ROOMS FIF	RST F	LOOR, ONE	ROOM
I hereby certify and s	swear under pena	lties of perjury that:				
1. the renew	ed license will be	e of the same type for th	e same premise	s now	licensed;	
2. the licens	ee has complied	with all laws of the Com	monwealth rela	ating t	to taxes; and	
3. the premi	ses are now open	for business (If not exp	lain below)			
SIGNED BY						
	Individual, Par	tner or Authorized Corp	orate Officer			
DATE:	TELEPH	IONE NUMBER:			R IDENTIFICAT	
			(Note: <u>N</u>	OI Inc	aiviauai Sociai S	ecurity Number)
Acts of 2004, signed	d by the building	are in possession (1) the graph inspector and the heater of liquor liability ins	d of the fire d	epart	ment for the	above
Please Check Below:			LOCAL LI	CENS	SING AUTHO	ORITY
APPROVED:			By:			
DISAPPROVED:						
(If disapproved expla	am)					
DATE:						



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OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER:	042600010		CITY OR TOWN	OXBORO	UGH
APPLICATION FOR	RENEWAL:	Annual	LICENSE	D FOR 20	13
		CLASS		,	YEAR
LICENSEE NAME: DOING BUSINESS A					
ADDRESS 212 NOR	TH STREET				
CITY/TOWN: FOXE	BOROUGH	STATE: MA	ZIP CODE:	02035	
MANAGER: MASS A.	IH, CIDALIA TYF	PE OF LICENSE: Pac	ckage Store CAT	EGORY:	Wine and Malt Regular
EMAIL ADDRESS:					
PI	EASE ALSO VISIT OUR WI	EBSITE AND ENTER YOUR E	MAIL ADDRESS		
DESCRIPTION OF L	ICENSED PREMIS	SES:			
ONE FLOOR, TWO I	ROOMS, CELLAR	FOR STORAGE			
2. the licensee	has complied with	• •	same premises now lic monwealth relating to ta ain below)		
SIGNED BY	Individual, Partner	or Authorized Corpo	orate Officer		
DATE:	TELEPHON	E NUMBER:	EMPLOYER ID (Note: <u>NOT</u> Individ		
Please Check Below: APPROVED: DISAPPROVED: (If disapproved explain	n)		LOCAL LICENSIN By:	G AUTHO	DRITY
DATE:					



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LICENSE NUMBE	R: 042600011		Cl	TY OR TOWN	FOXBORG	JUGH
APPLICATION FO	R RENEWAL:	Annua	ા	LICEN	NSED FOR 20	013
		CLAS	S			YEAR
LICENSEE NAME: DOING BUSINESS ADDRESS ROCKV		COUNTRY CL	UB, INC.			
CITY/TOWN: FO	XBOROUGH	STATE:	MA	ZIP CODE:	02035	
MANAGER: OUI	MET, JOANNE TY	PE OF LICENS	SE:Club	C	CATEGORY:	All Alcohol
EMAIL ADDRESS	:					
	PLEASE ALSO VISIT OUR W	EBSITE AND ENTER	YOUR EMAIL	ADDRESS		
DESCRIPTION OF	LICENSED PREMI	SES:				
	EXIT ON SAME ST PSTAIRS PORCH AR		RS AND	CELLAR W/M	ENS & LADI	ES
I hereby certify and	swear under penalties	s of perjury that	:			
1. the renev	wed license will be of	the same type f	or the sar	ne premises nov	w licensed;	
2. the licens	see has complied with	all laws of the	Common	wealth relating	to taxes; and	
3. the prem	ises are now open for	business (If no	t explain	below)		
SIGNED BY	Individual, Partner	or Authorized	Corporat	e Officer		
DATE:	TELEPHON	IE NUMBER:			ER IDENTIFICAT adividual Social S	
Acts of 2004, signe	ed, attest that we are ed by the building in: (2) the certificate of	spector and th	e head of	the fire depar	tment for the	above
Please Check Below:]	LOCAL LICEN	SING AUTH	ORITY
APPROVED:]	Ву:		
DISAPPROVED: (If disapproved expl	 lain)					
(11 disappioved expi	<i>)</i>					
DATE.						
DATE:						
APPLICATION FOR RENE	WAL MUST BE FILED BY L	ICENSEES DURING	THE MONT	TH OF NOVEMBER (M.G.L. Ch. 138 \$ 1	6A)



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LICENSE NUMBER: 042600013		CITY OR TOWN FOXBOR	ROUGH
APPLICATION FOR RENEWAL:	Annual	LICENSED FOR	2013
	CLASS		YEAR
LICENSEE NAME: NPS LLC DOING BUSINESS A GILLETTE S'	ΓADIUM		
ADDRESS ONE PATRIOT PLACE			
CITY/TOWN: FOXBOROUGH	STATE: MA	ZIP CODE: 02035	
MANAGER: NOLAN, JAMES J. 7 JR.	ΓΥΡΕ OF LICENSE: Rest	aurant CATEGORY	Y: All Alcohol
EMAIL ADDRESS:			
PLEASE ALSO VISIT OU	R WEBSITE AND ENTER YOUR EM.	AIL ADDRESS	
DESCRIPTION OF LICENSED PRE	MISES:		
DESIGNATED LOCATIONS AND I BETWEEN LOT 8 AND LOT 10 TO INCLUDE THE LUXURY SUITES A ON THE ATTACHED PLAN A ENT BEVERAGES LICENSE FOORPRIN	THE TERMINUS OF TH AND CONCESSIONS ST ITLED " GILLETTE STA	HE NORTH END PLAZA, A ANDS. THE SUBJECT ARE	LL TO EA SHOWN
I hereby certify and swear under penal	ties of perjury that:		
1. the renewed license will be	of the same type for the s	same premises now licensed;	
2. the licensee has complied v	vith all laws of the Comm	onwealth relating to taxes; and	d
3. the premises are now open	for business (If not explain	in below)	
SIGNED BY Individual, Part	ner or Authorized Corpor	rate Officer	
DATE: TELEPH	ONE NUMBER:	EMPLOYER IDENTIFIC (Note: NOT Individual Social	
We the undersigned, attest that we Acts of 2004, signed by the building named license and (2) the certificate of 2010.	inspector and the head	of the fire department for the	he above
Please Check Below:		LOCAL LICENSING AUT	HORITY
APPROVED:		By:	
DISAPPROVED:			
(If disapproved explain)			
DATE:			



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER	R: 042600014		CITY OR TOWN	FOXBORO	UGH
APPLICATION FOR	R RENEWAL:	Annual CLASS	LICEN	ISED FOR 20)13 YEAR
LICENSEE NAME: DOING BUSINESS	NPS LLC A GILLETTE STADIUM				
ADDRESS ONE PA	TRIOT PLACE				
CITY/TOWN: FOX	KBOROUGH ST	ATE: MA	ZIP CODE:	02035	
MANAGER: NOL JR.	AN, JAMES J. TYPE OF	LICENSE: Clu	o C	ATEGORY:	All Alcohol
EMAIL ADDRESS:					
	PLEASE ALSO VISIT OUR WEBSITE A	ND ENTER YOUR EM	AIL ADDRESS		1
DESCRIPTION OF	LICENSED PREMISES:				
area enclosed by perathletic field.	rimeter fencing and gates at	designated loca	ations including lot	8 and the adj	acent
2. the licens	red license will be of the san ee has complied with all law ses are now open for busine	s of the Comm	onwealth relating		
SIGNED BY	Individual, Partner or Aut	horized Corpo	rate Officer		
DATE:	TELEPHONE NUM	MBER:		R IDENTIFICAT	
Acts of 2004, signed	d, attest that we are in pos d by the building inspector (2) the certificate of liquor	and the head	of the fire depart	ment for the	above
Please Check Below: APPROVED: DISAPPROVED: (If disapproved explain	ain)		LOCAL LICENS By:	SING AUTHO	ORITY
DATE:					



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER:	042600015		CITY OR TOWN	FOXBORO	OUGH
APPLICATION FOR	RENEWAL:	Annual	LICEN	ISED FOR 20	013
		CLASS			YEAR
DOING BUSINESS A		1			
ADDRESS RTE. 1- 2	WASHINGTON ST.				
CITY/TOWN: FOXE	BOROUGH S	TATE: MA	ZIP CODE:	02035	
MANAGER: PANA NICHO	GOPOULOS, TYPE OF OLAS	F LICENSE: R	estaurant C	ATEGORY:	All Alcohol
EMAIL ADDRESS:					
PI	LEASE ALSO VISIT OUR WEBSITE	AND ENTER YOUR	EMAIL ADDRESS		_
DESCRIPTION OF L	ICENSED PREMISES:				
2. the licensee	d license will be of the sa e has complied with all la es are now open for busin	nws of the Comness (If not exp	nmonwealth relating t lain below)		
	Individual, Partner or A	uthorized Corp	orate Officer		
DATE:	TELEPHONE NU	JMBER:			TON NUMBER: ecurity Number)
Acts of 2004, signed	attest that we are in po by the building inspecto the certificate of liquo	or and the hea	d of the fire depart	ment for the	above
Please Check Below: APPROVED: DISAPPROVED: (If disapproved explain	n)		LOCAL LICENS By:	SING AUTHO	ORITY
DATE:					



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LICENSE NUMBER:	042600017		CITY OR TOWN	FOXBORC	JUGH
APPLICATION FOR I	RENEWAL:	Annual	LICEN	SED FOR 20	013
		CLASS			YEAR
LICENSEE NAME:	99 RESTAURANT O	F BOSTON,INC			
DOING BUSINESS A	99 RESTAURANT	& PUB			
ADDRESS 4 FISHER	STREET				
CITY/TOWN: FOXB	OROUGH	STATE: MA	ZIP CODE:	02035	
MANAGER: ABRAI LA	NTES,PAMA TYPE (OF LICENSE: Res	taurant C.	ATEGORY:	All Alcohol
EMAIL ADDRESS:]
PL	EASE ALSO VISIT OUR WEBSI	TE AND ENTER YOUR EM	AIL ADDRESS		_
DESCRIPTION OF LI	CENSED PREMISES	S:			
ONE STORY BLDG .I REAR EGRESS. THE				VD A SIDE A	AND
I hereby certify and sw	ear under penalties of	perjury that:			
1. the renewed	l license will be of the	same type for the	same premises now	licensed;	
2. the licensee	has complied with all	laws of the Comm	nonwealth relating t	o taxes; and	
3. the premises	s are now open for bus	siness (If not expla	in below)		
SIGNED BY			0.65		
	Individual, Partner or	Authorized Corpo	rate Officer		
DATE.					
DATE:	TELEPHONE N	NUMBER:			TION NUMBER: security Number)
			(210te: <u>2102</u> III)	iividuai 50eiai 5	recurry (varioer)
We the undersigned, Acts of 2004, signed I named license and (2 of 2010.	by the building inspe	ctor and the head	of the fire depart	ment for the	above
Please Check Below:			LOCAL LICENS	SING AUTH	ORITY
APPROVED:	7		By:		
DISAPPROVED:					
(If disapproved explain	ı)				
DATE:					



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OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER: 042600018	(CITY OR TOWN	FOXBORO	UGH
APPLICATION FOR RENEWAL:	Annual	LICENS	SED FOR 20	13
	CLASS		,	YEAR
LICENSEE NAME: FOXBOROUGH W	'INE & SPIRITS			
DOING BUSINESS A				
ADDRESS 14 SOUTH STREET				
CITY/TOWN: FOXBOROUGH	STATE: MA	ZIP CODE:	02035	
MANAGER: TSOUMBANOS, TYPE EVANGELOS D.	E OF LICENSE: Pack	tage Store CA	TEGORY:	All Alcohol
EMAIL ADDRESS:				
PLEASE ALSO VISIT OUR WE	BSITE AND ENTER YOUR EMA	AIL ADDRESS		
DESCRIPTION OF LICENSED PREMIS	ES:			
ONE FLOOR, 2 ROOMS, CELLAR USE LOT	D FOR STORAGE. R	REAR DOOR OPEN	NS INTO PA	RKING
the licensee has complied with the premises are now open for b SIGNED BY		_	taxes; and	
Individual, Partner	or Authorized Corpor	ate Officer		
DATE: TELEPHONE	E NUMBER:	EMPLOYER (Note: NOT Indi		ION NUMBER:
Please Check Below: APPROVED: DISAPPROVED: (If disapproved explain)		LOCAL LICENS: By:		•
DATE:				



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OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUME	BER: 042600019		CITY OR TOWN	FOXBORO	UGH
APPLICATION F	FOR RENEWAL:	Annual	LICEN	SED FOR 20	13
		CLASS		•	YEAR
LICENSEE NAM	E: J.A.K. CORNE	ER STORE, INC.			
DOING BUSINE	SS A J.A.K. CORN	NER STORE, INC.			
ADDRESS 79 SU	MMER STREET				
CITY/TOWN: F	OXBOROUGH	STATE: M	A ZIP CODE:	02035	
	ULLEY, ICHAEL	TYPE OF LICENSE:	Package Store CA	ATEGORY:	Wine and Malt Regular
EMAIL ADDRES	SS:				
	PLEASE ALSO VISIT O	UR WEBSITE AND ENTER YOU	R EMAIL ADDRESS		
DESCRIPTION (OF LICENSED PRE	EMISES:			
ONE ROOM WIT PRIVATE	TH CELLAR STOR	RAGE. 3 DOORS; 1 M	IAIN DOOR,1 DELIVE	ERY DOOR A	AND 1
3. the pre		n for business (If not extracted the control of the			
	·				
DATE:	TELEPH	HONE NUMBER:		YER IDENTIFICATION NUMBER: Individual Social Security Number)	
Please Check Below:			LOCAL LICENS	ING AUTHO	ORITY
APPROVED: DISAPPROVED:			By:		
(If disapproved ex					
DATE:					



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OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NU	MBER: 042600020		CITY OR TOWN	FOXBOROUGH	
APPLICATIO	N FOR RENEWAL:	Annual	LICEN	SED FOR 2013	
		CLASS		YEAR	
LICENSEE NA	AME: THIRD GENI	ERATION ENTERPRIS	E, INC		
DOING BUSI	NESS A ROUTE 1 L	IQUOR MART			
ADDRESS 29	WASHINGTON ST.	-RTE. 1			
CITY/TOWN:	FOXBOROUGH	STATE: MA	ZIP CODE:	02035	
MANAGER:	CIVILINSKI, JAMES	TYPE OF LICENSE:P	ackage Store CA	ATEGORY: All Alcohol	
EMAIL ADDF	RESS:				
	PLEASE ALSO VISIT (OUR WEBSITE AND ENTER YOUR	EMAIL ADDRESS		
DESCRIPTIO	N OF LICENSED PR	EMISES:			
		WITH OFFICE. 200 SC ORE WITH ADDITION			
I hereby certify	y and swear under pen	alties of perjury that:			
-	=	be of the same type for the	ne same premises now	licensed;	
		with all laws of the Cor	=		
3. the	premises are now ope	n for business (If not exp	olain below)		
SIGNED BY					
	Individual, Pa	rtner or Authorized Cor	porate Officer		
DATE:	TELEP	HONE NUMBER:	EMPLOYER	IDENTIFICATION NUMBER:	:
			(Note: NOT Ind	ividual Social Security Number))
Please Check Belo	ow.		Y O G A Y Y Y G TO Y G	NIG ANTENDER	
APPROVED:				ING AUTHORITY	
DISAPPROVI			By:		
(If disapproved					
DATE:					



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LICENSE NUMBER: 04	42600021		CITY OR TOWN	FOXBOROUGH
APPLICATION FOR R	ENEWAL:	Annual	LICEN	SED FOR 2013
		CLASS		YEAR
LICENSEE NAME: R DOING BUSINESS A	ESCOR OF LAFAY	ETTE HOUSE, 1	NC.	
ADDRESS WASHING	TON STREET			
CITY/TOWN: FOXBO	OROUGH	STATE: MA	ZIP CODE:	02035
MANAGER: YOUNG C.	G, RONALD TYPE (OF LICENSE: Re	estaurant Ca	ATEGORY: All Alcohol
EMAIL ADDRESS:				
PLE	ASE ALSO VISIT OUR WEBSIT	E AND ENTER YOUR F	MAIL ADDRESS	
DESCRIPTION OF LIC	CENSED PREMISES	:		
TWO-STORY WOODE AND LOUNGE, FUNC TWO ENTRANCES IN PRIVATE FUNCTION	TION ROOM WITH ADDITION TO TW	FULL KITCHE O EMERGENC	N AND MEN'S ANI	D LADIES' ROOMS.
I hereby certify and swe	ar under penalties of	perjury that:		
1. the renewed	license will be of the	same type for the	e same premises now	licensed;
2. the licensee h	nas complied with all	laws of the Com	monwealth relating to	taxes; and
3. the premises	are now open for bus	iness (If not exp	lain below)	
SIGNED BY	ndividual, Partner or A	Authorized Corp	orate Officer	
DATE:	TELEPHONE N	UMBER:		IDENTIFICATION NUMBER: ividual Social Security Number)
Acts of 2004, signed by	y the building inspec	tor and the hea	d of the fire departi	ed by Chapter 304 of the ment for the above Chapter 116 of the Acts
Please Check Below:			LOCAL LICENS	ING AUTHORITY
APPROVED:			By:	
DISAPPROVED:				
(If disapproved explain)			-	
DATE:				



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER:)42600024		CITY OR TOWN	FOXBOROUGH
APPLICATION FOR F	RENEWAL:	Annual	LICENS	SED FOR 2013
		CLASS		YEAR
LICENSEE NAME:	AGNUS CORP			
DOING BUSINESS A	FUSION 5			
ADDRESS 105 WASH	IINGTON STREET	Γ		
CITY/TOWN: FOXB	OROUGH	STATE: MA	ZIP CODE:	02035
MANAGER: PATEL JANAK		E OF LICENSE: Innh	older CA	ATEGORY: All Alcohol
EMAIL ADDRESS:				
PLI	EASE ALSO VISIT OUR WE	BSITE AND ENTER YOUR EMA	AIL ADDRESS	
DESCRIPTION OF LI				
DOUBLE DOOR ENT DOUBLE DOORS TO CONFERENCE ROOM	KITCHEN WITH	EXIT DOOR IN SAM		
I hereby certify and swe	ear under penalties	of perjury that:		
1. the renewed	license will be of the	he same type for the s	ame premises now	licensed;
	•	all laws of the Comm	_	taxes; and
3. the premises	are now open for b	business (If not explai	n below)	
SIGNED BY	Individual, Partner	or Authorized Corpor	rate Officer	
	, , , , , , , , , , , , , , , , , , , ,			
DATE:	TELEPHONE	E NUMBER:	EMPLOYER	IDENTIFICATION NUMBER:
		JI (ONIBER.	(Note: NOT Indi	vidual Social Security Number)
Acts of 2004, signed b	y the building insp	pector and the head	of the fire departn	d by Chapter 304 of the nent for the above Chapter 116 of the Acts
Please Check Below:			LOCAL LICENS	ING AUTHORITY
APPROVED:	-		By:	
DISAPPROVED:				
(If disapproved explain)			
DATE:				



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LICENSE NU	MBER: 042600028		CITY OR TOWN FOX	BOROUGH
APPLICATIO	N FOR RENEWAL:	Annual	LICENSED F	OR 2013
		CLASS		YEAR
LICENSEE N.	AME: SUTTIKUL CO	RPORATION		
DOING BUSI	NESS A BANGKOK C	AFE		
ADDRESS 36	9 CENTRAL STREET			
CITY/TOWN:	FOXBOROUGH	STATE: MA	ZIP CODE: 0203	35
MANAGER:	TITISUTTIKUL, T RAUNGDET	YPE OF LICENSE: Res	taurant CATEGO	ORY: All Alcohol
EMAIL ADDI	RESS:			
	PLEASE ALSO VISIT OUR	R WEBSITE AND ENTER YOUR EM	AIL ADDRESS	
-	N OF LICENSED PREM			
APPROX. 150 REAR PARKI		OTN ENTRANCE AT P	LAZA AND REAR ENTR	CANCE ONTO
3. the SIGNED BY	Individual, Parti	for business (If not expla		
DATE:	TEI EDHO	ONE NUMBER:	EMPLOYER IDENT	IFICATION NUMBER:
	TELETIK	INE NOMBER.	(Note: NOT Individual S	Social Security Number)
Acts of 2004,	signed by the building	inspector and the head	certificate required by Coordinate to the fire department for ance required by Chapton	or the above
Please Check Belo			LOCAL LICENSING A	UTHORITY
APPROVED:			By:	
DISAPPROVI (If disapproved				
(11 disappioved	a explain)			
DATE:				



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LICENSE NU	MBER: 042600029		CITY OR TOWN FOXBOR	OUGH
APPLICATIO	ON FOR RENEWAL:	Annual	LICENSED FOR 2	2013
		CLASS		YEAR
LICENSEE N	AME: STEVE'S LAI	KEVIEW, INC		
DOING BUSI	NESS A LAKEVIEW	PAVILION		
ADDRESS 45	LAKEVIEW RD			
CITY/TOWN	: FOXBOROUGH	STATE: MA	ZIP CODE: 02035	
MANAGER:	KOURTIDIS, ANASTASIA	TYPE OF LICENSE: Rest	taurant CATEGORY	: All Alcohol
EMAIL ADDI	RESS:			
	PLEASE ALSO VISIT (OUR WEBSITE AND ENTER YOUR EM	AIL ADDRESS	
	N OF LICENSED PR			
	OTHER EXITS; REST		XIT AND ENTRANCE AT FE HEN AND TWO DRESSING I	
3. the SIGNED BY		n for business (If not expla		
DATE:	TELEP	HONE NUMBER:	EMPLOYER IDENTIFICA	
			(Note: NOT Individual Social	Security Number)
Acts of 2004,	signed by the buildir	ng inspector and the head	certificate required by Chap of the fire department for th cance required by Chapter 11	e above
Please Check Bel	low:		LOCAL LICENSING AUTH	HORITY
APPROVED:			By:	
DISAPPROVI (If disapprove				
(11 uisappiove	u capiani)			
DATE:				



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER:	042600030		C	ITY OR TOW	VN]	FOXBORO	OUGH	
APPLICATION FOR	RENEWAL:	Annu	al	LIC	ENSI	ED FOR 20	013	
		CLA	SS				YEAR	
LICENSEE NAME:	MPG FOXBORO	LLC						
DOING BUSINESS A	A PICCADILLY P	UB RESTAU	RANT					
ADDRESS FOXBOR	OUGH BLVD							
CITY/TOWN: FOXI	BOROUGH	STATE:	MA	ZIP CODE:	:	02035		
MANAGER: TANG	S, STEVEN TY	PE OF LICEN	SE:Restar	ırant	CA	ΓEGORY:	All Alcohol	
EMAIL ADDRESS:								
Pl	LEASE ALSO VISIT OUR W	EBSITE AND ENTER	YOUR EMAIL	L ADDRESS			י	
DESCRIPTION OF L								
SINGLE STORY BRI EXITS. RESTAURAN								
I hereby certify and sw	vear under nenaltie	s of periury the	ıt·					
•	d license will be of	1 0 0		me premises n	now li	censed;		
	e has complied with	• •						
3. the premise	es are now open for	business (If n	ot explain	below)				
								_
SIGNED BY								
	Individual, Partner	r or Authorized	I Corporat	e Officer				
DATE:	TELEDIJON	IE NII IMDED.		EMPI O	VFR II	DENTIFICAT	ION NUMBER:	J
	TELEPHON	NE NUMBER:					ecurity Number)	
	_				_			
We the undersigned, Acts of 2004, signed		-		-		• •		
named license and (2								
of 2010.								
Please Check Below:				LOCAL LICE	ENSI	NG AUTHO	ORITY	
APPROVED: DISAPPROVED:	\neg			By:				
(If disapproved explain	 n)							
· · · · · · · · · · · · · · · · · · ·	,							
DATE:								



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 042600035		CITY OR TOWN	FOXBOROUGH
APPLICATION FOR RENEWAL	: Annual	LICEN	SED FOR 2013
	CLASS		YEAR
LICENSEE NAME: FOXBORO DOING BUSINESS A	REALTY ASSOCIATES	, LLC	
ADDRESS ONE PATRIOT PLACE	"E		
CITY/TOWN: FOXBOROUGH	STATE: MA	ZIP CODE:	02035
MANAGER: NOLAN, JAMES J JR.			ATEGORY: All Alcohol
EMAIL ADDRESS:			
	T OUR WEBSITE AND ENTER YOUR	EMAIL ADDRESS	
DESCRIPTION OF LICENSED P	REMISES:		
FULLY SPRINKLERED ATHELI 80,000 SQ. FT. WITH 8 PRIMAR CONTIGUOUS AREA,SECURED A.THE NORTH EASTSIDE ABU	Y ENTRANCE DOORS () BY INTERLOCKING F	& 7 ADD- ITIONAL I ENCING,FUL LY O	EXIT DOORS WITH UTLINED ON PLAN
I hereby certify and swear under pe	enalties of perjury that:		
1. the renewed license will	• •	-	
2. the licensee has complied			o taxes; and
3. the premises are now or	oen for business (If not ex	plain below)	
SIGNED BY Individual, l	Partner or Authorized Cor	porate Officer	
DATE: TELE	PHONE NUMBER:		R IDENTIFICATION NUMBER:
We the undersigned, attest that Acts of 2004, signed by the build named license and (2) the certific of 2010.	ling inspector and the he	ad of the fire departi	ment for the above
Please Check Below:		LOCAL LICENS	SING AUTHORITY
APPROVED:		By:	
DISAPPROVED:			
(If disapproved explain)			
DATE:			



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: U	42600036		CITY OR I	OWN FUNDURU	JUGH
APPLICATION FOR R	ENEWAL:	Annual		LICENSED FOR 20	013
		CLASS			YEAR
LICENSEE NAME: V	VON MORE TIME	E LLC			
DOING BUSINESS A	CHICKEN FLYN	N'S			
ADDRESS 94 WASHI	NGTON STREET				
CITY/TOWN: FOXBO	OROUGH	STATE: MA	ZIP CO	DE: 02035	
MANAGER: KELLY	, JAMES E. TYP	E OF LICENSE: R	estaurant	CATEGORY:	All Alcohol
EMAIL ADDRESS:					
PLE	CASE ALSO VISIT OUR WE	BSITE AND ENTER YOUR	EMAIL ADDRESS		_
DESCRIPTION OF LIC	CENSED PREMIS	ES:			
RESTAURANT AND I FRONT AND EMERG OUTSIDE PATIO.					
I hereby certify and swe	ear under penalties	of perjury that:			
1. the renewed	license will be of the	he same type for th	e same premis	ses now licensed;	
2. the licensee	has complied with	all laws of the Con	monwealth re	lating to taxes; and	
3. the premises	are now open for b	ousiness (If not exp	lain below)		
SIGNED BY	5.4° 24.4 Degen		000		
1	ndividual, Partner	or Authorized Corp	orate Officer		
DATE:			EM	PLOYER IDENTIFICAT	FION NI IMPER.
DITTE.	TELEPHONE	E NUMBER:		NOT Individual Social S	
We the undersigned, a Acts of 2004, signed b named license and (2) of 2010.	y the building insp	pector and the hea	nd of the fire	department for the	above
Please Check Below:			LOCAL I	ICENSING AUTH	ORITY
APPROVED:			By:		
DISAPPROVED:					
(If disapproved explain))				
DATE.					
DATE:					



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 042	2600037		CIT	Y OR TOWN	FOXBORO	OUGH
APPLICATION FOR RE	NEWAL:	Annua	1	LICE	NSED FOR 20	013
		CLASS	S			YEAR
LICENSEE NAME: FO	XBORO MAND	OARIN, INC				
DOING BUSINESS A FO	OXBORO MAN	DARIN				
ADDRESS 369 CENTRA	L STREET					
CITY/TOWN: FOXBOR	ROUGH	STATE:	MA Z	ZIP CODE:	02035	
MANAGER: GUAN, W	EI CHAO TYP	E OF LICENS	E:Restaura	nt C	CATEGORY:	All Alcohol
EMAIL ADDRESS:						
PLEAS: DESCRIPTION OF LICE	E ALSO VISIT OUR WE		OUR EMAIL AI	DDRESS		
4000SQFT THE FRONT UNUSED REAR OF THE REAR. SEATING CAPA	E BUILDING A	ND FIRE LAN	E. RESTRO			
1. the renewed lic 2. the licensee ha 3. the premises an	cense will be of t s complied with	the same type for all laws of the	or the same Commonwe	ealth relating		
SIGNED BY Ind	lividual, Partner	or Authorized	Corporate (Officer		
DATE:	TELEPHONI	E NUMBER:			ER IDENTIFICAT	CION NUMBER:
We the undersigned, att Acts of 2004, signed by named license and (2) th of 2010.	the building ins	pector and the	e head of th	ıe fire depar	tment for the	above
Please Check Below:					SING AUTH	ORITY
APPROVED: DISAPPROVED:			Ву	:		
(If disapproved explain)						
			_			
DATE:						



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LICENSE NUMBER: 04260003	38	CITY OR TOWN FOXBOR	ROUGH
APPLICATION FOR RENEWA	AL: Annual	LICENSED FOR	2013
	CLASS		YEAR
LICENSEE NAME: LIN & ZO DOING BUSINESS A MANDA			
ADDRESS 34 MECHANIC ST			
CITY/TOWN: FOXBOROUG	H STATE: MA	ZIP CODE: 02035	
MANAGER: LIN, GUANG	TYPE OF LICENSE: Res	taurant CATEGORY	Y: Wine and Malt Regular
EMAIL ADDRESS:			
	VISIT OUR WEBSITE AND ENTER YOUR EM	IAIL ADDRESS	
DESCRIPTION OF LICENSED		eggipi E	
THREE EXITS; TWO RESTRO	JOM. HANDICAPPED ACCE	SSIBLE	_
			_
2. the licensee has comp 3. the premises are now SIGNED BY	will be of the same type for the plied with all laws of the Comm open for business (If not explant), Partner or Authorized Corpo	nonwealth relating to taxes; and tin below)	d
DATE: TE	LEPHONE NUMBER:	EMPLOYER IDENTIFICATION (Note: NOT Individual Social	
We the undersigned, attest the Acts of 2004, signed by the bunamed license and (2) the cert of 2010.	ilding inspector and the head	of the fire department for th	ne above
Please Check Below: APPROVED: DISAPPROVED: (If disapproved explain)		LOCAL LICENSING AUT	HORITY
DATE:			



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OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER	R: 042600039	,	CITY OR TOWN FUNDOR	OUGH
APPLICATION FO	R RENEWAL:	Annual	LICENSED FOR	2013
		CLASS		YEAR
	RAVI AND RUSHI COR A XPRESS MINI MART	PORATION		
ADDRESS 126 MA	IN ST			
CITY/TOWN: FOX	XBOROUGH ST	ATE: MA	ZIP CODE: 02035	
MANAGER: PAT	EL, MALINI R. TYPE OF	LICENSE: Pack	cage Store CATEGORY	: All Alcohol
EMAIL ADDRESS:				
	PLEASE ALSO VISIT OUR WEBSITE AN	ND ENTER YOUR EMA	AIL ADDRESS	
DESCRIPTION OF	LICENSED PREMISES:			
 the renew the licens 	swear under penalties of perj yed license will be of the sam see has complied with all law ises are now open for busines Individual, Partner or Aut	ne type for the s vs of the Commo ss (If not explai	onwealth relating to taxes; and n below)	
DATE:	TELEPHONE NUM	1BER:	EMPLOYER IDENTIFICA (Note: <u>NOT</u> Individual Social	
Please Check Below: APPROVED: DISAPPROVED: [(If disapproved expl	ain)		LOCAL LICENSING AUTH By:	HORITY
DATE:				



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LICENSE NUME	BER: 042600040		CITY OR TOWN	FOXBORC	OUGH
APPLICATION F	FOR RENEWAL:	Annual	LICEN	SED FOR 20)13
		CLASS			YEAR
LICENSEE NAM	IE: ANTONIA'S INTI	ERNATIONAL FO	OODS, INC.		
DOING BUSINE	SS A ANTONIA'S DE	LI			
ADDRESS 369 C	CENTRAL STREET				
CITY/TOWN: F	FOXBOROUGH	STATE: M	A ZIP CODE:	02035	
MANAGER: TO	ORSIELLO, EZIO TY	PE OF LICENSE:	Restaurant C.	ATEGORY:	Wine and Malt Regular
EMAIL ADDRES	SS:				
	PLEASE ALSO VISIT OUR W	EBSITE AND ENTER YOU	R EMAIL ADDRESS		
	OF LICENSED PREMI				
	Q.FT. OF RETAIL SPA 53 2 HANDICAPPED A				
I hereby certify ar	nd swear under penalties	s of perjury that:			
1. the ren	newed license will be of	the same type for	the same premises now	licensed;	
2. the lice	ensee has complied with	all laws of the Co	mmonwealth relating t	o taxes; and	
3. the pre	emises are now open for	business (If not ex	xplain below)		
SIGNED BY					
	Individual, Partner	r or Authorized Co	rporate Officer		
DATE:	TELEPHON	IE NUMBER:			TON NUMBER:
			(Note: NOT Inc	lividual Social S	ecurity Number)
Acts of 2004, sig	gned, attest that we are gned by the building in and (2) the certificate of	spector and the h	ead of the fire depart	ment for the	above
Please Check Below:			LOCAL LICENS	SING AUTHO	ORITY
APPROVED:			By:		
DISAPPROVED:					
(If disapproved ex	xpiaiii)				
DATE:					



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LICENSE NUMBER:	042600042		CITY OR TOW	N FUADUR	OUGH
APPLICATION FOR	RENEWAL:	Annual	LICI	ENSED FOR 2	.013
		CLASS			YEAR
LICENSEE NAME:	ONE PATRIC	OTS PLACE, LLC			
DOING BUSINESS A	A DAVIO'S				
ADDRESS 1 PATRIC	OT PLACE				
CITY/TOWN: FOX	BOROUGH	STATE: MA	ZIP CODE:	02035	
MANAGER: DIFIL STEV	LIPPO, EN	TYPE OF LICENSE: Re	estaurant	CATEGORY:	All Alcohol
EMAIL ADDRESS:					
P	LEASE ALSO VISIT (OUR WEBSITE AND ENTER YOUR E	MAIL ADDRESS		
DESCRIPTION OF L	ICENSED PR	EMISES:			
PRIVATE DINING R	OOMS AND	TTH A BAR, OUTDOOR A FULL SERVICE KITC SE.TWO ADDITIONAL	HEN. MAIN EN	TRANCE AND	EXIT
I hereby certify and sv	vear under pen	alties of perjury that:			
1. the renewe	d license will b	be of the same type for the	e same premises n	ow licensed;	
2. the license	e has complied	with all laws of the Com	monwealth relatin	g to taxes; and	
3. the premise	es are now ope	n for business (If not expl	lain below)		
SIGNED BY	Individual, Pa	urtner or Authorized Corp	orate Officer		
DATE:	TELEP:	HONE NUMBER:		YER IDENTIFICA	
			(Note: NOT	Individual Social S	Security Number)
Acts of 2004, signed	by the buildir	e are in possession (1) th ng inspector and the hea te of liquor liability insu	d of the fire depa	rtment for the	e above
Please Check Below:			LOCAL LICE	NSING AUTH	ORITY
APPROVED:			By:		
DISAPPROVED:					
(If disapproved explai	n)				
DATE:					
DATE:					



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LICENSE NUMBER: 042600043		CITY OR TOWN FOXBOR	OUGH
APPLICATION FOR RENEWAL:	Annual	LICENSED FOR	2013
	CLASS		YEAR
LICENSEE NAME: Bass Pro Outdoor	World, LLC		
DOING BUSINESS A Blue Fin Lounge			
ADDRESS 1 Patriot Place			
CITY/TOWN: FOXBOROUGH	STATE: MA	ZIP CODE: 02035	
MANAGER: CAMMARATA, TYL JAMES P.	PE OF LICENSE: Rest	caurant CATEGORY	: All Alcohol
EMAIL ADDRESS:			
PLEASE ALSO VISIT OUR W	EBSITE AND ENTER YOUR EM	AIL ADDRESS	
DESCRIPTION OF LICENSED PREMIS	SES:		
dining room, lounge and kitchen area with	h two entrances, seatin	g for 112	
I hereby certify and swear under penalties	s of perjury that:		
1. the renewed license will be of	the same type for the s	same premises now licensed;	
2. the licensee has complied with	all laws of the Comm	onwealth relating to taxes; and	l
3. the premises are now open for	business (If not explain	in below)	
SIGNED BY Individual, Partner	r or Authorized Corpor	rate Officer	
DATE: TELEPHON	IE NUMBER:	EMPLOYER IDENTIFICA (Note: NOT Individual Social	
We the undersigned, attest that we are Acts of 2004, signed by the building in named license and (2) the certificate of of 2010.	spector and the head	of the fire department for th	e above
Please Check Below:		LOCAL LICENSING AUTH	HORITY
APPROVED:		By:	
DISAPPROVED:			
(If disapproved explain)			
DATE:			
APPLICATION FOR RENEWAL MUST BE FILED BY L	ICENSEES DURING THE MC	ONTH OF NOVEMBER (M.G.L. Ch. 138 \$	16A)



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUN	MBER: 042600044		CITY OR TOWN	FOXBOROUGH
APPLICATION	N FOR RENEWAL:	Annual	LICEN	ISED FOR 2013
		CLASS		YEAR
LICENSEE NA	AME: TASTINGS I	LLC		
DOING BUSIN	NESS A TASTINGS	WINE BAR & BISTRO		
ADDRESS 1 P	PATRIOT PLACE			
CITY/TOWN:	FOXBOROUGH	STATE: MA	ZIP CODE:	02035
MANAGER:	MARTIN, WILLIAM A.	TYPE OF LICENSE: R	estaurant C.	ATEGORY: All Alcohol
EMAIL ADDR	ESS:			
	PLEASE ALSO VISIT	OUR WEBSITE AND ENTER YOUR	EMAIL ADDRESS	
DESCRIPTION	N OF LICENSED PR	REMISES:		
		ANT IN NORTH PLAZA SEATING AREAS AND		ACE FEATURING
I hereby certify	and swear under per	nalties of perjury that:		
1. the 1	renewed license will	be of the same type for th	e same premises now	licensed;
2. the 1	licensee has complied	d with all laws of the Con	nmonwealth relating t	to taxes; and
3. the 1	premises are now ope	en for business (If not exp	olain below)	
SIGNED BY				
	Individual, P	artner or Authorized Corp	oorate Officer	
DATE:	TELEP	PHONE NUMBER:		R IDENTIFICATION NUMBER:
			(Note: NOT Inc	dividual Social Security Number)
Acts of 2004,	signed by the buildi	ng inspector and the hea	ad of the fire depart	red by Chapter 304 of the ment for the above Chapter 116 of the Acts
Please Check Belo	ow:		LOCAL LICENS	SING AUTHORITY
APPROVED:			By:	
DISAPPROVE				
(If disapproved	. ехріаш)			
DATE:			-	



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER	: 042600045		CITY OR TOWN	FOXBORC	OUGH
APPLICATION FOR	R RENEWAL:	Annual	LICEN	SED FOR 20	013
		CLASS			YEAR
LICENSEE NAME:	QUINCY AMUSE	MENTS			
DOING BUSINESS	A SHOWCASE CIN	JEMA DE LUX A	Γ PATRIOT PLACE		
ADDRESS 24 PATR	LIOT PLACE				
CITY/TOWN: FOX	BOROUGH	STATE: MA	ZIP CODE:	02035	
MANAGER: MIRAR.	ANDA, JANEK TYP	'E OF LICENSE:R	estaurant C	ATEGORY:	All Alcohol
EMAIL ADDRESS:					
]	PLEASE ALSO VISIT OUR WE	EBSITE AND ENTER YOUR	EMAIL ADDRESS		_
DESCRIPTION OF I	LICENSED PREMIS	ES:			
I hereby certify and s	wear under penalties	of perjury that:			
1. the renewe	ed license will be of	the same type for the	ne same premises now	licensed;	
2. the license	ee has complied with	all laws of the Con	nmonwealth relating t	o taxes; and	
3. the premis	ses are now open for	business (If not exp	olain below)		
SIGNED BY	Individual, Partner	or Authorized Cor	norate Officer		
	marviduai, i artiici	of Authorized Cor	porate Officer		
DATE:	TEI EPHON	E NUMBER:	EMPLOYEI	R IDENTIFICAT	TON NUMBER:
		BIVOIVIBER	(Note: NOT Inc	dividual Social S	ecurity Number)
Acts of 2004, signed	l by the building ins	spector and the he	he certificate requir ad of the fire depart surance required by	ment for the	above
Please Check Below:			LOCAL LICENS	SING AUTHO	ORITY
APPROVED:			By:		
DISAPPROVED:	· ,				
(If disapproved expla	.in)				
			_		
DATE:					



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LICENSE NUMBER:)42600046	CITY OR TOWN FOXBOROUC	jΗ
APPLICATION FOR I	RENEWAL: Annual	LICENSED FOR 2013	
	CLASS	YE	AR
LICENSEE NAME:	Red Robin International, Inc		
DOING BUSINESS A	Red Robin America's Gourmet Burg	gers & Spirits	
ADDRESS Patriot Place		•	
CITY/TOWN: FOXB		A ZIP CODE: 02035	
MANAGER:	TYPE OF LICENSE:		ll Alcohol
EMAIL ADDRESS:			
	EASE ALSO VISIT OUR WEBSITE AND ENTER YOU	R EMAIL ADDRESS	
DESCRIPTION OF LI	CENSED PREMISES:		
restaurant with open ba Building is 6017 sq ft	r area, patio seating with an interior of	exit as well as a patio emergency exit.	
I hereby certify and swe	ear under penalties of perjury that:		
1. the renewed	license will be of the same type for t	the same premises now licensed;	
2. the licensee	has complied with all laws of the Co	mmonwealth relating to taxes; and	
3. the premises	s are now open for business (If not ex	aplain below)	
SIGNED BY		0.00	
-	Individual, Partner or Authorized Co	rporate Officer	
DATE			
DATE:	TELEPHONE NUMBER:	EMPLOYER IDENTIFICATION (Note: NOT Individual Social Secur	
		(100. 101 Individual Social Secur	ity (validet)
		the certificate required by Chapter 3	
		ead of the fire department for the abous about the fire department for the fire about the fire a	
of 2010.	4		
Please Check Below:		LOCAL LICENSING AUTHORI	ΙΤΥ
APPROVED:		By:	
DISAPPROVED:			
(If disapproved explain)		
DATE:			
	I MIGH DE EH ED DY I VERVAERA DVIDA CO	E MONTH OF NOVEMBER 2/2/2/2/2/2/2/2/	
APPLICATION FOR RENEWA	L MUST BE FILED BY LICENSEES DURING TH	E MONTH OF NOVEMBER (M.G.L. Ch. 138 \$ 16A)	



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUM	MBER: 042600047		CITY OR TOWN	FOXBOROUGH
APPLICATION	FOR RENEWAL:	Annual	LICEN	SED FOR 2013
		CLASS		YEAR
LICENSEE NA	ME: CBS SCENE	PATRIOT PLACE LLC		
DOING BUSIN	IESS A CBS SCENI	E		
ADDRESS 200	PATRIOT PLACE			
CITY/TOWN:	FOXBOROUGH	STATE: MA	ZIP CODE:	02035
	CHRISTENSEN, ROBERT	TYPE OF LICENSE: R	destaurant Ca	ATEGORY: All Alcohol
EMAIL ADDR	ESS:			
	PLEASE ALSO VISIT	OUR WEBSITE AND ENTER YOUR	EMAIL ADDRESS	
DESCRIPTION	OF LICENSED PR	REMISES:		
I hereby certify	and swear under pen	nalties of perjury that:		
1. the r	enewed license will	be of the same type for the	ne same premises now	licensed;
2. the 1	icensee has complied	d with all laws of the Cor	nmonwealth relating to	taxes; and
3. the p	premises are now ope	en for business (If not exp	plain below)	
SIGNED BY	Individual Pa	artner or Authorized Cor	norate Officer	
SIGNED BY	Individual, Pa	artner or Authorized Cor	porate Officer	
SIGNED BY	Individual, Pa	artner or Authorized Cor	porate Officer	
SIGNED BY DATE:				. IDENTIFICATION NUMBER:
		artner or Authorized Cor	EMPLOYER	IDENTIFICATION NUMBER: ividual Social Security Number)
DATE:	TELEP	PHONE NUMBER:	EMPLOYER (Note: <u>NOT</u> Ind	ividual Social Security Number)
DATE: We the unders	TELEP	PHONE NUMBER: ve are in possession (1) t	EMPLOYER (Note: <u>NOT</u> Ind	ividual Social Security Number) ed by Chapter 304 of the
DATE: We the unders Acts of 2004, s named license	TELEP signed, attest that w signed by the building	PHONE NUMBER: we are in possession (1) to ag inspector and the he	EMPLOYER (Note: NOT Ind	ividual Social Security Number) ed by Chapter 304 of the
DATE: We the unders Acts of 2004, s	TELEP signed, attest that w signed by the building	PHONE NUMBER: we are in possession (1) to ag inspector and the he	EMPLOYER (Note: NOT Ind	ed by Chapter 304 of the nent for the above
DATE: We the unders Acts of 2004, s named license of 2010. Please Check Below	TELEP signed, attest that we signed by the building and (2) the certification.	PHONE NUMBER: we are in possession (1) to ag inspector and the he	EMPLOYER (Note: NOT Indector in the certificate require and of the fire departs surance required by	ed by Chapter 304 of the nent for the above
DATE: We the unders Acts of 2004, s named license of 2010. Please Check Below APPROVED:	TELEP signed, attest that wing and (2) the certificand.	PHONE NUMBER: we are in possession (1) to ag inspector and the he	EMPLOYER (Note: NOT Indector in the certificate require and of the fire departs surance required by	ed by Chapter 304 of the ment for the above Chapter 116 of the Acts
DATE: We the unders Acts of 2004, s named license of 2010. Please Check Below APPROVED: DISAPPROVE	TELEP signed, attest that we signed by the building and (2) the certificate.	PHONE NUMBER: we are in possession (1) to ag inspector and the he	EMPLOYER (Note: NOT Indebte certificate required ad of the fire departs surance required by LOCAL LICENS	ed by Chapter 304 of the ment for the above Chapter 116 of the Acts
DATE: We the unders Acts of 2004, s named license of 2010. Please Check Below APPROVED:	TELEP signed, attest that we signed by the building and (2) the certificate.	PHONE NUMBER: we are in possession (1) to ag inspector and the he	EMPLOYER (Note: NOT Indebte certificate required ad of the fire departs surance required by LOCAL LICENS	ed by Chapter 304 of the ment for the above Chapter 116 of the Acts
DATE: We the unders Acts of 2004, s named license of 2010. Please Check Below APPROVED: DISAPPROVE	TELEP signed, attest that we signed by the building and (2) the certificate.	PHONE NUMBER: we are in possession (1) to ag inspector and the he	EMPLOYER (Note: NOT Indebte certificate required ad of the fire departs surance required by LOCAL LICENS	ed by Chapter 304 of the ment for the above Chapter 116 of the Acts



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUM	BER: 042600048		CITY OR TOWN	FOXBOROUGH
APPLICATION	FOR RENEWAL:	Annual	LICEN	SED FOR 2013
		CLASS		YEAR
	ME: SHOWCASE	E LIVE LLC SE LIVE AT PATRIOTE	DI ACE	
		SE LIVE AT FATRIOTI	LACE	
	ATRIOT PLACE	CTATE. M	ZIP CODE:	02025
	FOXBOROUGH	STATE: MA		02035
	NORMAN, OSEPH L. III	TYPE OF LICENSE:	Restaurant CA	ATEGORY: All Alcohol
EMAIL ADDRE	ESS:			
		OUR WEBSITE AND ENTER YOU	R EMAIL ADDRESS	
	OF LICENSED PF			
•	•	nalties of perjury that:		
		be of the same type for t		
	•	d with all laws of the Co	•	taxes; and
3. the pr	remises are now ope	en for business (If not ex	piani below)	
SIGNED BY				
SIGNED DI				
	Individual, P	artner or Authorized Con	rporate Officer	
	Individual, P	Partner or Authorized Con	rporate Officer	
	Individual, P	Partner or Authorized Con	rporate Officer	
DATE:				IDENTIFICATION NUMBER:
DATE:		Partner or Authorized Con	EMPLOYER	IDENTIFICATION NUMBER: ividual Social Security Number)
We the undersi	TELEF	PHONE NUMBER: ve are in possession (1)	EMPLOYER (Note: <u>NOT</u> Ind	ed by Chapter 304 of the
We the undersi Acts of 2004, si	TELEF gned, attest that v gned by the buildi	PHONE NUMBER: we are in possession (1) ing inspector and the ho	EMPLOYER (Note: <u>NOT</u> Ind the certificate require ead of the fire departi	ed by Chapter 304 of the
We the undersi Acts of 2004, si named license a	TELEF gned, attest that w gned by the buildi and (2) the certific	PHONE NUMBER: we are in possession (1) ing inspector and the ho	EMPLOYER (Note: <u>NOT</u> Indithe certificate required and of the fire departion of the fire departing of the fire	ed by Chapter 304 of the ment for the above
We the undersi Acts of 2004, si named license a of 2010. Please Check Below APPROVED:	TELEF gned, attest that we gned by the building and (2) the certific	PHONE NUMBER: we are in possession (1) ing inspector and the ho	EMPLOYER (Note: <u>NOT</u> Indithe certificate required and of the fire departion of the fire departing of the fire	ed by Chapter 304 of the ment for the above Chapter 116 of the Acts
We the undersi Acts of 2004, si named license a of 2010. Please Check Below APPROVED: DISAPPROVED	TELEF gned, attest that we gned by the building and (2) the certific	PHONE NUMBER: we are in possession (1) ing inspector and the ho	EMPLOYER (Note: NOT Independent of the fire department of the fire d	ed by Chapter 304 of the ment for the above Chapter 116 of the Acts
We the undersi Acts of 2004, si named license a of 2010. Please Check Below APPROVED:	TELEF gned, attest that we gned by the building and (2) the certific	PHONE NUMBER: we are in possession (1) ing inspector and the ho	EMPLOYER (Note: NOT Independent of the fire department of the fire d	ed by Chapter 304 of the ment for the above Chapter 116 of the Acts
We the undersi Acts of 2004, si named license a of 2010. Please Check Below APPROVED: DISAPPROVED	TELEF gned, attest that we gned by the building and (2) the certific	PHONE NUMBER: we are in possession (1) ing inspector and the ho	EMPLOYER (Note: NOT Independent of the fire department of the fire d	ed by Chapter 304 of the ment for the above Chapter 116 of the Acts



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LICENSE NUMBER:	042600049		CITY OR TOW	N FOXBORO	DUGH
APPLICATION FOR	RENEWAL:	Annual	LICI	ENSED FOR 2	013
		CLASS			YEAR
LICENSEE NAME:	BIG TUNA,LLC				
DOING BUSINESS A	A SKIPJACK'S				
ADDRESS ONE PAT	RIOT PLACE				
CITY/TOWN: FOXI	BOROUGH	STATE: MA	ZIP CODE:	02035	
MANAGER: DOW	D,PETER TYPE	E OF LICENSE: Re	staurant	CATEGORY:	All Alcohol
EMAIL ADDRESS:					
P	LEASE ALSO VISIT OUR WEB	SITE AND ENTER YOUR E	MAIL ADDRESS		
DESCRIPTION OF L	ICENSED PREMISE	ES:			
7,516 SQ. FT. OF SP.	ACE SITUATED IN	PATRIOT PLACE	SHOPPING CE	NTER.	
I hereby certify and sv	vear under penalties o	of perjury that:			
1. the renewe	d license will be of th	ne same type for the	same premises ne	ow licensed;	
2. the license	e has complied with a	all laws of the Com	nonwealth relatin	g to taxes; and	
3. the premise	es are now open for b	usiness (If not expl	ain below)		
SIGNED BY					
	Individual, Partner of	or Authorized Corpo	orate Officer		
DATE:	TELEPHONE	NUMBER:		YER IDENTIFICAT	
			(Note: NOT	Individual Social S	security Number)
We the undersigned	, attest that we are i	n possession (1) th	e certificate requ	ired by Chapt	er 304 of the
Acts of 2004, signed					
named license and (2 of 2010.	2) the certificate of I	iquor hability insu	rance required b	by Chapter 116	of the Acts
Please Check Below:			I OCAL LICE	NSING AUTH	ODITV
APPROVED:			By:	INSING AUTH	OKITI
DISAPPROVED:			Dy.		
(If disapproved explain	n)				
DATE:					
APPLICATION FOR RENEWA	AL MUST BE FILED BY LIC	ENSEES DURING THE M	IONTH OF NOVEMBEI	R (M.G.L. Ch. 138 \$ 1	6A)



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NU	MBER: 042600050		CITY OR	TOWN	FOXBORC	OUGH
APPLICATIO:	N FOR RENEWAL:	Annua	ા	LICEN	SED FOR 20)13
		CLAS	S			YEAR
LICENSEE NA	AME: BL RESTAUR	RANT OPERATIO	NS,LLC			
DOING BUSI	NESS A BAR LOUIE	TAVERN AND G	RILL			
ADDRESS 23	2 ONE PATRIOT PLA	ACE				
CITY/TOWN:	FOXBOROUGH	STATE:	MA ZIP C	CODE:	02035	
MANAGER:	HOVIS,ROB	TYPE OF LICENS	SE: Restaurant	CA	ATEGORY:	All Alcohol
EMAIL ADDF	RESS:					
	PLEASE ALSO VISIT O	OUR WEBSITE AND ENTER	YOUR EMAIL ADDRESS	•		_
DESCRIPTIO 1	N OF LICENSED PRI	EMISES:				
	000 SQ. FT. SITUATE PATIO SEATING WIT FATCHED.					
I hereby certify	y and swear under pena	alties of perjury that	:			
1. the	renewed license will b	e of the same type f	or the same prem	nises now	licensed;	
2. the	licensee has complied	with all laws of the	Commonwealth	relating to	taxes; and	
3. the	premises are now open	n for business (If no	t explain below)			
SIGNED BY						
	Individual, Pa	rtner or Authorized	Corporate Office	r		
DATE:				MDI OVED	IDENTIFICAT	ION NUMBER:
DITTE.	TELEPH	HONE NUMBER:				ecurity Number)
						•
Acts of 2004,	rsigned, attest that we signed by the buildin e and (2) the certifica	g inspector and th	e head of the fire	e departr	nent for the	above
Please Check Belo			LOCAL	LICENS	ING AUTHO	ORITY
APPROVED:			By:			
DISAPPROVI (If disapproved						
(11 uisapprovec	ı expiaiii)					
DATE:						



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	CITY OR TOWN FOXBORO	UGH
Annual	LICENSED FOR 20	13
CLASS		YEAR
SS LLC		
ONNOR		
NIT #210		
STATE: MA	ZIP CODE: 02035	
TYPE OF LICENSE: Rest	aurant CATEGORY:	All Alcohol
OUR WEBSITE AND ENTER YOUR EM	AIL ADDRESS	ı
EMISES:		
		ROUND
alties of perjury that:		
e of the same type for the s	same premises now licensed;	
with all laws of the Comm	onwealth relating to taxes; and	
n for business (If not explain	in below)	
rtner or Authorized Corpor	rate Officer	
HONE NUMBER:	EMPLOYER IDENTIFICAT	
	(Note: <u>NOT</u> Individual Social So	ecurity Number)
g inspector and the head	of the fire department for the	above
	LOCAL LICENSING AUTHO	ORITY
	By:	
	Annual CLASS SS LLC ONNOR NIT #210 STATE: MA TYPE OF LICENSE: Rest OUR WEBSITE AND ENTER YOUR EM EMISES: 7608 SQ. FT. OF FLOOR 3 IOPPES AT CHESTNUT Of alties of perjury that: be of the same type for the s with all laws of the Comm in for business (If not explain experimental experiments of the second of	Annual CLASS SS LLC ONNOR NIT #210 STATE: MA ZIP CODE: 02035 TYPE OF LICENSE: Restaurant CATEGORY: OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS EMISES: 7608 SQ. FT. OF FLOOR SPACE LOCATED ON THE GI ROPPES AT CHESTNUT GREEN, 121 MAIN STREET alties of perjury that: be of the same type for the same premises now licensed; with all laws of the Commonwealth relating to taxes; and in for business (If not explain below) There or Authorized Corporate Officer HONE NUMBER: EMPLOYER IDENTIFICAT (Note: NOT Individual Social Sc. et are in possession (1) the certificate required by Chapter ag inspector and the head of the fire department for the te of liquor liability insurance required by Chapter 116



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER	: 042600052		CI	TY OR TOWN	FOXBORO	OUGH
APPLICATION FOR	RENEWAL:	Annua	ual LICENSED FOR 2013			
		CLAS	S			YEAR
LICENSEE NAME:	GMRI INC.					
DOING BUSINESS	A THE OLIVE G	ARDEN ITALIA	N REST	AURANT # 180	8	
ADDRESS 392 PAT	RIOT PLACE SO	UTH, TS BUILD	ING, SPA	ACE 3		
CITY/TOWN: FOX	BOROUGH	STATE:	MA	ZIP CODE:	02035	
MANAGER: CHAI	RLESWORTH, TY EN	YPE OF LICENS	SE:Restau	rant C.	ATEGORY:	All Alcohol
EMAIL ADDRESS:						
1	PLEASE ALSO VISIT OUR	WEBSITE AND ENTER	YOUR EMAIL	ADDRESS		_
DESCRIPTION OF I	LICENSED PREM	ISES:				
7500 SQ FT TUSCA STRUCTURE CLAD CONCRETE BARRE	WITH MANUFA	CTURED STO	NE, WOO	D TRIM, AND	LIGHTWEI	GHT
I hereby certify and s	wear under penalti	es of perjury that	·• ·•			
1. the renewe	ed license will be o	of the same type i	or the san	ne premises now	licensed;	
2. the license	e has complied wi	th all laws of the	Common	wealth relating t	o taxes; and	
3. the premis	es are now open fo	or business (If no	t explain	below)		
SIGNED BY	Individual, Partn	er or Authorized	Corporate	e Officer		
DATE:				EMPLOWED	, IDENTIFICAT	TOWN HAMPED
DATE.	TELEPHO	NE NUMBER:				TON NUMBER: Security Number)
				(rote: <u>ryoz</u> me	ii viduui 500iai c	recurry (varioer)
We the undersigned Acts of 2004, signed named license and (of 2010.	by the building i	nspector and th	e head of	the fire departs	ment for the	above
Please Check Below:			I	OCAL LICENS	SING AUTH	ORITY
APPROVED:			F	Ву:		
DISAPPROVED:						
(If disapproved expla	in)		-			
			-			
DATE:			-			



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUME	3EK: 042600053		CITY	OK TOWN	FUADURU	JUGH
APPLICATION F	FOR RENEWAL:	Annual		LICEN	ISED FOR 2	013
		CLASS				YEAR
LICENSEE NAM	IE: BETTER FOO	ODS FOXBORO, LLC				
DOING BUSINE	SS A TAVOLINO)				
ADDRESS 274 P	ATRIOT PLACE					
CITY/TOWN: F	OXBOROUGH	STATE: M	IA ZII	P CODE:	02035	
MANAGER: PI	ERRUNA, HOMAS J	TYPE OF LICENSE:	Restaurant	C	ATEGORY:	All Alcohol
EMAIL ADDRES	SS:					
	PLEASE ALSO VISIT	OUR WEBSITE AND ENTER YOU	JR EMAIL ADDI	RESS		
DESCRIPTION (OF LICENSED PR	EMISES:				
180 SEAT REST.	AURANT. LUNCI	H AND DINNER				
	_	alties of perjury that:				
		be of the same type for	•			
	•	l with all laws of the Co		•	to taxes; and	
3. the pre	mises are now ope	n for business (If not e	xplain belo	w)		
SIGNED BY	Individual, Pa	artner or Authorized Co	orporate Of	ficer		
	,		•			
DATE:	TEI ED	HONE NUMBER:		EMPLOYE	R IDENTIFICAT	ΓΙΟΝ NUMBER:
	ILLEI	HONE NOWBER.	1)	Note: NOT In	dividual Social S	Security Number)
Acts of 2004, sig	ned by the buildir	e are in possession (1) ng inspector and the h nte of liquor liability i	nead of the	fire depart	ment for the	above
Please Check Below:			LOC	AL LICEN:	SING AUTH	ORITY
APPROVED:			By:			
DISAPPROVED:						
(If disapproved ex	(plain)					
DATE:						
•						



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LICENSE NUMBE	R: 042600054		CITY OR	TOWN	FOXBOR	OUGH
APPLICATION FO	R RENEWAL:	Annual		LICEN	SED FOR 2	013
		CLASS				YEAR
LICENSEE NAME:	HARVEST GRO	OUP INC.				
DOING BUSINESS	A MAI PEARL					
ADDRESS 121 MA	IN STREET					
CITY/TOWN: FOX	XBOROUGH	STATE: MA	ZIP CO	DDE:	02035	
MANAGER: WU	, CHEUK T	ΓΥΡΕ OF LICENSE:	Restaurant	C	ATEGORY:	All Alcohol
EMAIL ADDRESS:		-				
	PLEASE ALSO VISIT OU	R WEBSITE AND ENTER YOUR	R EMAIL ADDRESS			_
DESCRIPTION OF						
5000 SQ. FTFUL EXITS	L SERVICE REST	TAURANT WITH FR	RONT, KITCH	IEN AN	D DINING F	ROOM
I hereby certify and	swear under penal	ties of perjury that:				
1. the renew	ved license will be	of the same type for t	he same premi	ses now	licensed;	
	•	with all laws of the Con		elating t	o taxes; and	
3. the premi	ises are now open	for business (If not ex	plain below)			
SIGNED BY	Individual, Part	tner or Authorized Con	norate Officer			
	11102 / 100011, 1 020					
DATE:	TELEPHO	ONE NUMBER:	EN	ИРLОYЕІ	R IDENTIFICAT	ΓΙΟΝ NUMBER:
	ILLLIIN	ONE WOMBER.	(Note:	NOT Inc	dividual Social S	Security Number)
We the undersione	d attact that we	ara in pagaggian (1)	the contificate		ad by Chant	on 201 of the
		are in possession (1) is inspector and the he				
named license and of 2010.	(2) the certificate	e of liquor liability in	surance requ	ired by	Chapter 116	of the Acts
Please Check Below:			LOCAL	LICENS	SING AUTH	ORITY
APPROVED:			By:			
DISAPPROVED:						
(If disapproved expl	ain)					
DATE:						
APPLICATION FOR RENE	WAL MUST BE FILED E	BY LICENSEES DURING THE	E MONTH OF NOV	EMBER (N	1.G.L. Ch. 138 \$ 1	6A)



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 042600055		CITY OR TOWN	FOXBORO	OUGH
APPLICATION FOR RENEWAL:	Annual	LICEN	NSED FOR 20	013
	CLASS			YEAR
LICENSEE NAME: COLWEN MAN	AGEMENT,INC			
DOING BUSINESS A RENAISSANC	E HOTEL AT PATRI	OT PLACE		
ADDRESS 28 PATROPT PLACE				
CITY/TOWN: FOXBOROUGH	STATE: MA	ZIP CODE:	02035	
MANAGER: ROIKE, JEFFREY T	YPE OF LICENSE: Re	estaurant C	CATEGORY:	All Alcohol
EMAIL ADDRESS:]
DESCRIPTION OF LICENSED PREM 150 ROOM RENAISSANCE HOTEL VI I hereby certify and swear under penalti 1. the renewed license will be of 2. the licensee has complied wi 3. the premises are now open for	with RESTAURANT es of perjury that: of the same type for the th all laws of the Com	e same premises now monwealth relating lain below)	v licensed;	
DATE: TELEPHO	NE NUMBER:		R IDENTIFICAT	
We the undersigned, attest that we a Acts of 2004, signed by the building in named license and (2) the certificate of 2010.	nspector and the hea	d of the fire depar	tment for the	above
Please Check Below: APPROVED: DISAPPROVED: (If disapproved explain)		LOCAL LICEN By:	SING AUTHO	ORITY
DATE:				



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OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUM	BER: 042600056		CITY OR TOWN	FOXBORO	UGH
APPLICATION	FOR RENEWAL:	Annual	LICENS	SED FOR 20	13
		CLASS		,	YEAR
DOING BUSIN		IN			
ADDRESS 369	CENTRAL STREET				
CITY/TOWN:	FOXBOROUGH	STATE: MA	ZIP CODE:	02035	
MANAGER: I	BRAGA, KRISTIN TYF	PE OF LICENSE: Pa	ckage Store CA	TEGORY:	Wine and Malt Regular
EMAIL ADDRE	ESS:				
	PLEASE ALSO VISIT OUR WI	EBSITE AND ENTER YOUR I	EMAIL ADDRESS		
	OF LICENSED PREMIS				
LOCATED ON	ROUND EVEL AND AI THE FRONT SIDE OF T IS ALSO THE REAR OF	THE BUILDING W	TH ACCESS TO TH	E PARKINO	3
2. the lie	enewed license will be of censee has complied with remises are now open for	all laws of the Com	monwealth relating to		
SIGNED BY	Individual, Partner	or Authorized Corp	orate Officer		
DATE:	TELEPHON	E NUMBER:	EMPLOYER (Note: <u>NOT</u> Indi		ION NUMBER:
Please Check Below APPROVED: [DISAPPROVED (If disapproved 6	D:		LOCAL LICENS	ING AUTHO	DRITY
DATE:					



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OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER:	042600057		CITY OR TOWN	FOXBOROUGH	-	
APPLICATION FOR RENEWAL:		Annual	LICENS	LICENSED FOR 2013		
		CLASS		YEAI	R	
LICENSEE NAME:	GULF RESOURC	CES INC.				
DOING BUSINESS A	4					
ADDRESS 20 WASH	IINGTON STREE	T				
CITY/TOWN: FOXI	BOROUGH	STATE: MA	ZIP CODE:	02035		
MANAGER: CARR RICH	RIGG, TY ARD E.	PE OF LICENSE: Pac	ckage Store CA		e and t Regular	
EMAIL ADDRESS:						
P	LEASE ALSO VISIT OUR V	WEBSITE AND ENTER YOUR E	MAIL ADDRESS			
DESCRIPTION OF L						
SELF SERVE GASON WITH FRONT AND			E STORE, APPROX	.1152 S.F. IN ARE	EA	
2. the licensed	e has complied wit	f the same type for the h all laws of the Comir business (If not expl	nonwealth relating to			
SIGNED BY	Individual, Partne	er or Authorized Corpo	orate Officer			
DATE:	TELEPHON	NE NUMBER:		IDENTIFICATION Notice ividual Social Security		
Please Check Below: APPROVED: DISAPPROVED: (If disapproved explain	 n)		LOCAL LICENS By:	ING AUTHORITY	Y	
DATE:						



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LICENSE NUMBE	R: 042600058		CITY OR TOWN F	OXBOROUGH
APPLICATION FO	R RENEWAL:	Annual	LICENSE	D FOR 2013
		CLASS		YEAR
DOING BUSINESS	CRGE FOXBORO		t GRILL	
ADDRESS 275 PA				
CITY/TOWN: FOX	XBOROUGH	STATE: MA	ZIP CODE:)2035
MANAGER: TAR	RANTO, JAMES TYF	PE OF LICENSE: Res	staurant CAT	EGORY: All Alcohol
EMAIL ADDRESS:	:			
	PLEASE ALSO VISIT OUR WE		MAIL ADDRESS	
	LICENSED PREMIS		WITHIN PROXIMITY	Y OF GILL ITTE
	RT OF PATRIOT PLA			OF GILLITIE
I hereby certify and	swear under penalties	of perjury that:		
1. the renev	ved license will be of	the same type for the	same premises now lic	ensed;
	see has complied with ises are now open for		nonwealth relating to ta ain below)	exes; and
SIGNED BY	Individual, Partner	or Authorized Corpo	orate Officer	
DATE:	TELEPHON	E NUMBER:		ENTIFICATION NUMBER:
Acts of 2004, signe	ed by the building ins	spector and the head	e certificate required last the fire department ance required by Ch	
Please Check Below: APPROVED: DISAPPROVED: (If disapproved expl	lain)		LOCAL LICENSIN By:	G AUTHORITY
DATE:	,			
APPLICATION FOR RENE	WAL MUST BE FILED BY L	ICENSEES DURING THE M	ONTH OF NOVEMBER (M.G.I	L. Ch. 138 \$ 16A)